Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current

correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

QM02/0215

MAGINOT ADDISON AND MOORE BANK ONE CENTER TOWER

Applicant

(Authorized Signature)

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box Issue Fee address above on the date indicated helow.

111 MONUMENT CIRCLE SUITE 3000 PAUL J. MAGINOT (Depositor's name) INDIANAPOLIS IN 46204 APRIL 28 2000 (Date) APPLICATION NO. FILING DATE TOTAL CLÁIMS EXAMINER AND GROUP ART UNIT DATE MAILED TRADEM 020 GRAVINI, 09/124,308 07/29/98 3749 02/15/00 First Named MCKENZIE. 35 USC 154(b) term ext. 0 Days.

TITLE OF INVENTION FLOOR SWEEP ASSEMBLY FOR A GRAIN DRYER HAVING PRIMARY SUPPORT MEMBERS AND ANCILLARY SUPPORT MEMBERS WHICH FORM A NUMBER OF INTERSECTIONS WITH A WIPER

A111	S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	AFFLN. ITFE	SWALL ENTITY	FEE DUE	DATE DUE
3	1571-0001	034-166.	000 I	35 UTILI	TY YES	\$605.00	05/15/00
					For printing on the patent front page, list (1) the names of up to 3 registered patent		

- Change of correspondence address (or Change of Correspondence Address form
- PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

(1) the names of up to 3 registered patent attomeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attomeys or agents. If no name is listed, no name will be printed

ADDISON	&	
MOORE		

- 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filirig an assignment.
 - (A) NAME OF ASSIGNEE ffi Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Indianapolis, IN

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): Issue Fee

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Vm 128/00 NOTE; The Issue kee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Advance Order - # of Copies ____

4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER

☐ Issue Foo ☐ Advance Order - # of Copies.

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

05/09/2000 ANDHANNI 00000021 09124308

TRANSMIT THIS FORM WITH FEE

(Date)